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OBSTRUCTION OF THE RIGHT AXILLARY ARTERY BY A
FIBRINOUS CONCRETION.

[Read before the Connecticut Central Medical Association, and communicated for the Boston Medical and Surgical Journal.]

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Mrs. L., a portly woman, aged 50, of active habits of life, had been troubled with rheumatic pains in various parts of the body for nearly a fortnight before I was called to see her, on the 13th of December last. I found her sitting in her chair, complaining of shortness of breath and general lameness, but particularly of pain in the top of the right foot, and of a distressing fulness about the chest and stomach. On inquiry, I learned that about twenty-two years previously, she had suffered from a rheumatic fever, of six weeks' duration, and that since that time she had occasionally been troubled slightly, though not so much as to be confined to her bed; that for the last two years going up stairs had been attended with palpitation and distress about the heart; and, lastly, that in order to sleep, it was necessary that her head and shoulders be raised. There had also been, within a month, an increase in the size of the lower part of the chest. The bowels were in comfortable condition, the tongue but slightly furred, and the temperature of the skin not much if any above the natural standard; but the urine was scanty and red, and the pulse so rapid and irregular, as to force and frequency, as to render any attempt at counting useless, and on applying the ear to the chest, over the heart, a distinct systolic murmur was perceptible.

As she had taken a cathartic on the evening previous, and as she seemed to suffer mostly from the dropsical effusion about the heart and lungs, I directed a powder consisting of 2 grains of squill and 15 grains of nitrate of potash, to be given every fourth hour, and 20 drops of wine of colchicum in the interval. This produced relief to the breathing, but acted not only on the kidneys, but so much on the stomach and bowels as to require a suspension of the remedies. The irritability of the mucous mem-

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brane was removed by bismuth and small doses of morphine, and diuretics in smaller doses were resumed. The pain in the foot continued until the 17th, when it gradually disappeared. Soon after, on attempting to get into bed without assistance, intense pain was felt in the right shoulder and arm, extending to the hand, and accompanied by cramp, numbness, and coldness of the entire limb. The pain continued most of the night, during which time it was necessary to keep the part warm by the application of bottles of hot water, and in the morning I found an entire absence of pulsation in all the arteries of the arm. As the pulse on this side had been examined the day before, I was satisfied that the change had been as sudden as it was singular. Considering the history of the case, the valvular murmur of the heart, and the tendency of the blood to an undue proportion of fibrin in rheumatic disease, I immediately came to the conclusion that fibrinous concretions had been formed about the aortic valves, and one by some means having been detached, and been carried on by the current of the circulation, had fallen into the subclavian or axillary artery, and had formed so much of an obstruction that no pulsation could be felt. Half-drachm doses of the acetate of potash were now administered every fourth hour, and about 40 drops of tincture of digitalis in divided doses in the twenty-four hours. The arm was frequently bathed with hot mustard-water, and enveloped in flannel. Dover's powder or morphine was given at bedtime to procure sleep, and five grains of blue mass added on alternate nights. The pulse in the left arm was yet so irregular as to prevent numbering, but under this treatment its rate was soon diminished, though the force was variable, and on the fourth day of the obstruction some of the harder pulsations of the heart were detected in the right radial artery. At this time Dr. Casey saw the patient with me, and confirmed the opinion I had formed of the pathology of the case.

About the eighth or ninth day, by an examination of each wrist at the same time, the pulse was found to be synchronous in the two, but the diminished volume of the right showed that only a small amount of blood passed the point of obstruction. During this whole time arterial blood has evidently been propelled into the arm, although not in sufficient quantity to make itself felt, as on passing a cord around the elbow, a considerable amount of fullness might be produced in the extremity.

The pulse was gradually brought down to 80, the respiration improved, and the ability to sleep in the recumbent position restored. Quinine had already been added to the daily remedies, and was continued, while the acetate of potash, having fully changed the chemical character of the urine, and there being no return of the rheumatic pain, was omitted.

On the 23d of January, about one month after the attack, no abnormal sound of the heart could be detected, while the pulse in the right wrist, though somewhat improved, was still very weak

and indistinct. The general health of the patient was so far restored as to enable her to go about the house, and superintend her domestic concerns, while the arm, as she said, was gaining daily in strength and usefulness.

At this present time, Feb. 17th, her condition remains about the same; on some days she says she cannot discover any pulsation in the arm, which I suppose may be owing to her particular position at the time. The action of the heart continues to be very irregular, and is only restrained by the steady use of digitalis.

In No. XXVII. of *Braithwaite's Retrospect* appears an extract from the *Edinburgh Medical and Surgical Journal*, in which three cases are mentioned, where hemiplegia followed symptoms of cardiac disease, and resulted in death in a few days. In each of these cases a *post-mortem* examination revealed softening of the brain, occasioned, as it appeared, by the plugging of the right middle cerebral artery "by a small nodule of firm, white, fibrinous looking substance, which, although not adherent to the walls of the vessel, must have rendered its canal almost, if not quite, impervious." Other arteries were obstructed in a similar manner, and the tricuspid, mitral and aortic valves were incrustated over with large, firm, warty vegetations. The author gives it as his opinion "that the existence of the fibrinous coagulum within the cerebral artery was the real cause of the changes in the brain," and in reviewing the cases, says:

"In each there was pale softening of the brain; a plug of fibrin obliterating the canal of one of the main cerebral arteries; masses of fibrinous deposit in the kidneys and spleen; and, which seemed to be the source of the mischief elsewhere, large, warty, fibrinous excrescences on the left valves of the heart."

The facts thus adduced would seem to lead to the probability that in many instances of hemiplegia, rheumatism and renal disease, terminating fatally, and yet of not sufficient apparent severity to account for such a result, the cause may be a deposition of fibrin about the interior of the heart, and its subsequent admixture with the circulation. At all events, the subject opens a wide field of inquiry as to the distinction between cases of apoplectic seizure dependent on plethora, and those resulting from inanition, dyspepsia, or disease of the circulatory organs.

VOLUNTARY INFLUENCE UPON THE PULSE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The case of M. Groux, with a congenital division of the sternum, associated with a variation in the motion of the heart under changes of position in the two portions of the divided sternum, which has been investigated with so much ingenuity, perseverance and success, by Dr. J. B. Upham, of this city,
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has brought to my mind two examples of voluntary influence upon the pulse, which fell under my observation many years ago.

One was that of a student in medicine, who was exhibited to the medical class, during a regular lecture term, at Dartmouth College, N. H. By a voluntary effort, he could lessen the frequency of the pulse, until in a few moments the heart became quiet, and no pulsation could be perceived anywhere. He could thus suspend the pulse in the horizontal or erect position. He was standing with his arms hanging by his side, when the exhibition was made to the class. There was nothing abnormal either in the form of the chest, or in the position of the heart. I exhorted the young man not to trifle with this faculty by making its exhibition a very common thing; for that working organ, placed at the fountain of life, if unceremoniously interfered with in its daily duties, might retaliate by not beating any more. I have not kept track of this gentleman, and whether he is dead or alive, I know not.

The other case was that of a young lady, at a distance from my residence, of 27 to 30 years of age, who was somewhat dyspeptic, and at times a little nervous withal. She informed me that she had recently consulted a young physician, who, on feeling her pulse, promptly decided that she must be bled. As she did not relish the prescription, she requested him to examine her pulse with particular care, as she had understood that it varied very much at different times. He applied his fingers again to the wrist, while she directed her volitions to the heart. His pathological reasonings were soon confounded, by a slow and soft pulse. What he should do, he did not know. He did not dare to bleed, and as he had thought that bleeding must be preliminary to the administration of certain medicines, his entire plan of treatment was demolished, and he at length came to the conclusion to do nothing; a course which can be earnestly recommended to every physician, while he is undecided what to do. Thus the patient got the upper hand of her doctor, and came off probably as well, or better, than if blood had been drawn. During my stay, I repeatedly tested her power of voluntarily softening her pulse, and rendering it slow. I did not learn from her that she had ever suspended the pulse altogether. I never saw her afterward.

Boston, April, 1859.

R. D. MUSSEY.

PROPYLAMIN.

[Communicated for the *Boston Medical and Surgical Journal*.]

MESSRS. EDITORS,—The attention of the medical profession having been called to propylamin as a remedy in rheumatism, some notice of its chemical character, nature and origin, may not be without interest to your readers.

Propylamin belongs to a most remarkable series of homologous

bodies, of which ammonia is the starting point. Propyl, found in the first or methylic series of homologous compound radicals, is an oily liquid, boiling at a temperature of about 130° F., having a formula $C_3 H_7$. Propylamin is formed by the addition of one equivalent of propyl to amide, $N H_2$, which is ammonia $N H_3$, minus one atom of hydrogen. The propyl takes the place of the hydrogen atom in ammonia, and propylamin is formed. The whole series in which it is found bear a striking resemblance to ammonia, and yet they are widely different in chemical constitution.

The first in the list, methylamine, C, H_5, N , is a gaseous body largely absorbed by water, has a pungent smell like ammonia, and can hardly be distinguished from it. The next, ethylamine, $C_2 H_5, N$, is only a degree less like ammonia, being highly volatile, with a similar pungent odor. The next in order, propylamin, $C_3 H_7, N$, in physical characteristics and behavior varies still wider from ammonia, but the resemblance is still so striking that physicians may regard the liquid as made up in part of that body, while in fact it is not, and, as has been remarked, its chemical constitution differs from it in a most remarkable degree. Thus the formula is for ammonia $N H_3$, propylamin $C_3 H_7, N$.

There is no department of chemistry more interesting and wonderful than that relating to these homologous compounds, and the infinite series to which they give rise. Their therapeutic value is imperfectly understood, and its study offers a rich field for experiment and research.

Propylamin is a clear, transparent liquid, having a pungent, ammoniacal, alkaline taste and smell. A feeling of causticity is produced, when a portion is rubbed between the thumb and finger. It may be derived from a variety of sources—from ergot, cod-liver oil, bone oil, human urine, &c., but most properly, for medicinal purposes, from herring pickle. When a quantity of old pickle is treated with a strong solution of potassa, a pungent odor, like ammonia, is evolved, which is propylamin liberated from its combination with an acid in the liquid. The neutral solution must be quickly distilled, and the process continued so long as the fishy odor is observed. The distillate is then saturated with hydrochloric acid, evaporated with much care to a dry crystalline mass, then treated with absolute alcohol, until the whole of the propylamin salt is dissolved out. A second careful distillation with hydrate of lime affords a small portion of pure propylamin. I have found that nearly all that should be used for medicinal purposes, comes over without the application of heat, or from slight warming. Imperfectly or unskilfully prepared, the remedy will prove worthless, while fresh specimens of *true* propylamin may possess great medicinal value.

The virtues ascribed to propylamin, in the cure of rheumatism, and affections of a rheumatic origin, are extraordinary. Dr. Avenarius, of St. Petersburg, has treated (according to a notice trans-

lated from Bouchardat's *Repertoire de Pharmacie*, by Prof. Procter, for the *Journal of Pharmacy*), 250 patients in the hospital of Kaulinkin at St. Petersburg, between March, 1854, and June, 1856, and in acute cases the pain and fever *always disappeared the next day*. He regards it "as a true specific for the various affections of rheumatic origin." The diagnosis of these diseases being often very obscure, one can succeed (says M. Awenarius) by the use of propylamin in bringing to light, in a few days, the true nature of the malady. It is stated to have been employed in outside practice with equal success.

Although the claims for the new agent may be, and probably are, extravagant, still, should it be found to have, in any measure, control over the specific disease for which it is recommended, it will indeed be a blessing to a suffering class of patients, and therefore merits a trial at the hands of the profession.

The remedy is prescribed in the following manner: R. Propylamin, gttss. xxv.; distilled water, fʒvi.; and when necessary, add oleo. sacch. peppermint, ʒij. Dose—a tablespoonful every two hours.

JAS. R. NICHOLS.

7 Central St., Boston, April 16, 1859.

MOTHERS AND INFANTS—A REVIEW.*

[Communicated for the Boston Medical and Surgical Journal.]

THE author of this book is a distinguished physician in Paris, whose researches and works have given authority to his name in the specialty of which he treats. "Being entrusted by Louis Philippe with the choice of a nurse for the infant Count of Paris, at a time when several nurses had been tried without success, he devoted himself to a series of severe studies upon the microscopic appearances of the milk. The results at which he arrived, and the success attending their application in practice, gained for him at a very early age the Decoration of the Legion of Honor, and the office of Inspector General of the Schools of Medicine in Paris. These results, with the author's views upon the general treatment of children, have been embodied in this work."

The translation now given to the public is made, as we understand, by a medical gentleman of this city, in every way qualified for the task, who within a few years past has left the studies of the profession for more congenial literary pursuits. The public are indebted to him for giving them a concise but systematic work, adequate to solve the doubts and remove the difficulties of physicians, and of parents themselves, in regard to the highly impor-

* Mothers and Infants, Nurses and Nursing. Translated from the French of a *Traité sur Nursing, Weaning, and the General Treatment of Young Children*, by Dr. Al. Donné, late Head of the Clinical Department of the Faculty of Paris, Inspector General of the Schools of Medicine, Counsellor of the University, Private Professor of Microscopy, &c. &c. Boston: Phillips, Sampson & Company. 1859.

tant subjects of which it treats. Its general circulation will do much to correct the erroneous notions which too frequently prevail in regard to the nursing, the weaning, the care and the physical and moral education of infants.

After a few general remarks on the conduct of pregnancy, the author proceeds to the investigations which are immediately pertinent to his subject, commencing with the character and qualities of the secretion which precedes the establishment of the true milk, and which is commonly called *colostrum*. From the examination of this fluid he professes to determine the prospective character of the milk which is to follow, and the consequent aptitude of the woman to become a good nurse or otherwise.

On the general question, whether mothers should nurse their own children, the author adopts the conclusion already arrived at by the natural good sense and even instinct of the whole world. But on the exceptional cases, where the health of the mother or infant renders a departure from this rule necessary, Dr. Donn  gives valuable and discriminating instructions. He moreover considers it beneficial both to the mother and child that the latter should not be allowed to nurse during the night.

"Sleep, and one which is calm, deep, and sufficiently prolonged, is still more necessary for the reparation of the strength than food itself. We see *some* women, having little appetite, and eating but little, during the whole period of nursing, who are, notwithstanding, pretty good nurses—whose children thrive pretty well; but I do not fear to affirm that the want of sleep, or that an imperfect sleep, inevitably and rapidly brings on a loss both of strength and of milk, particularly with ladies of a constitution always more or less nervous. Herein lies, beyond all doubt, one of the most frequent causes of the derangements which oblige a great number of young mothers to give up nursing their children. * * * * *

"The first rule for ladies who wish to nurse, is to give up doing so during the night. We write for the majority, and not for the few exceptional cases, very rare in cities, of women possessing all the force and all the healthful vigor of the most robust country women. This precaution is essential not only for the mother, who would often ask for nothing better than to sacrifice herself, but also for the child; for the sacrifice of the mother soon reacts in all its force upon the nursing, whilst, on the other hand, he profits by all which benefits the mother. It is, then, for the good of the child that I recommend, as a general thing, the suspension of nursing during the night.

"It would be a great mistake to suppose that infants suffer by this treatment, or that they are at all the losers by it. So far from this, sleep is no less essential to them than to the mother, and it is, in all cases, a very good habit to give them, to teach them to sleep continuously, for a fixed time, and without awaking at too short intervals.

"Is it necessary to say that we do not mean the whole night through, however long it may be, reckoning, whether in summer or in winter, from the moment the sun sets to that when it reappears above the horizon? It is evident that such an interpretation would be absurd.

"What I mean is, that the mother should have at least six to seven hours of continuous, uninterrupted sleep, from eleven o'clock at night, or from midnight, for example, until six or seven o'clock in the morning. The mother can then nurse her child for the last time during the day a little longer or shorter time before going to sleep, and begin again early the next morning, without omitting, of course, to take additional sleep afterward, if such is her habit, or if she feels the need of it.

"But will the child wait, however young he may be, and from his earliest existence, during this long space of time, without taking anything? Of course not. Diluted cow's milk should be substituted for that of the mother every time he wakes up; and this will not happen more than two or three times during the night, if he is in good health. We shall see what course is to be pursued under accidental circumstances, and in case of indisposition or sickness. It will be foreseen that, in this plan, I have in view another condition."

But there are many mothers with whom nursing becomes inexpedient and even impossible. In this relation the author says a hired nurse becomes a necessary evil which we should accept, though never prefer, unless some important reason renders it indispensable. On the subject of the selection of a nurse, he gives many wise and useful directions as to the physical and moral traits of the candidate, and the modes of testing the same, but seems to lay the greatest stress on the actual character of the milk as developed under a scientific examination. For ourselves we are accustomed, with the rest of the world, to lay stress on the apparent health of the nurse, the quantity of her milk, and especially the good condition of her own infant, as well as her success in previous nursings. But Dr. Donné is not content with these approximate evidences, and enjoins a scientific and even a microscopic examination of the milk whenever it is possible.

"The milk is composed of several distinct parts. Of these parts, some are in a dissolved state, as sugar exists in a state of solution in the water we have dissolved it in; other parts are in a solid state, and float in the liquid in the form of very fine atoms. The parts in solution are principally *caseine*, which is the basis of cheese, a particular kind of sugar, which is known by the name of sugar of milk, and a great number of saline substances necessary to the constitution of animals. The solid parts held in suspension have but one single nature; this is the fat or buttery part of the milk—that which produces butter properly so called. We may obtain, then, a just idea of the constitution of this liquid, if we look upon it as a soft, liquid substance, a kind of *loach*, in which caseine, sugar, &c., are dissolved, and in which the fatty or oily substance is distributed in small, rounded atoms.

"These different parts, being mixed together, are not distinguishable by the naked eye; but, if we spread out a drop of milk upon a plate of glass, and examine it by means of a microscope which magnifies objects about three hundred times, a multitude of round, transparent grains will be seen, like small pearls, swimming in a transparent liquid. These little balls, of which it would often require more than

a hundred, ranged side by side with each other like a string of beads, to form the length of a line (one twelfth of an inch), are what are called the milk-globules; and it is ascertained, by the aid of chemical agents, that they are formed of fatty or buttery matter. It is these, in fact, which by their union, effected by means of the operation of churning, form butter. In milk that is pure, and without mixture, these globules are absolutely the only matter discoverable; they are perfectly well defined, glistening, floating freely in the liquid, and of all dimensions, from the smallest point up to a considerable size. Were this the only fact to be determined, it would be important to ascertain it, since pure milk, obtained under the most favorable circumstances from the best nurses, never presents any admixture with other substances. It is, then, an unfavorable indication, and one which demands attention, when there are found in the milk other atoms than the milk-globules properly so called, as happens under circumstances which we shall soon make known. * * *

"The number of globules contained in this fluid represents pretty exactly its richness and its nutritive qualities; that is to say, the more of these globules a milk contains, the richer and more substantial it is, the caseine and the sugar being themselves in proportion to the quantity of milk-globules which represent the fatty or buttery part. We can understand, then, how microscopic investigation enables us to appreciate the greater or less degree of richness of the milk, from the greater or less number of globules discovered in it when submitted to the microscope; and there is so great a difference in different milks, that this method suffices, with a little practice, to enable us to class them, arrange them according to their relative richness, and choose those which present the most suitable qualities in this respect. The differences are sometimes so marked that they strike the least practised observer—one milk presenting a prodigious number of globules, all regular, well formed, and of good size, whilst in another they are very small and infrequent, and present the appearance of a fine and light dust scattered throughout the liquid."

It is the common belief that milk which has been pent up in the breast for a long time becomes denser and more gross, in consequence of the absorption of some of its more fluid part. But, according to the experiments of M. Péligot, cited by the author, precisely the reverse is the case.

"The result of his analyses is, that the longer the milk remains in the breasts the more transparent and watery it becomes. This is exactly the reverse of what takes place for all the other secretions of the human system, in which the liquids secreted are seen to become more consistent and thicker in proportion as they remain a longer time in their receptacles. Thus the bile and the urine become denser by a prolonged stay in the organs in which they accumulate; and it is the same for all the other fluids, those even which are accidentally effused in the cavities or in the tissues: the more liquid part is reabsorbed, and there soon remain only the more solid elements.

"Mr. Péligot has proved that if the product of one milking—that is to say, all the milk which a cow or an ass gives at one time—be divided into three parts, in such a way as to collect it successively in three different vessels, the first milk is the most watery and thinnest, the

second is richer, and the third the most substantial of all. This result is probably only a consequence of the preceding circumstance; for it is easy to conceive that the first portion of the milk which flows out in milking an animal, has been the longest secreted—that which has remained longest in the organ—whilst the last is the most newly formed.”

The author having reinforced his opinion by that of M. Dubois, recommends the immediate discontinuance of nursing in cases of inflammation of the breast capable of determining suppuration or abscess.

“ This practice is at the present time followed by all enlightened accoucheurs, and each day witnesses the decrease of the practice formerly adopted, of continuing to nurse from a breast which has become the seat of inflammatory action and of congestion. The present practice is in all respects very wise, and for the interest both of the nurse and the child. In fact, far from being favorable to the nurse, and from facilitating the clearing of the breast, as was formerly imagined, and as is still believed by many persons, the suction of the child only accelerates the inflammatory action, and aggravates the malady. The best precaution is to immediately leave the breast in repose, to cover it with soothing poultices, &c.”

In regard to the control and treatment of wet nurses, many judicious instructions are given. For ourselves, we believe that the good character and quantity of the milk is best promoted by keeping the nurse healthy and happy. Employers are often too jealous of the temporary absence of the nurse for short occasions, and even of her natural yearnings after her own infant. We have seen, in many instances, the most promising breasts give out, and the milk and health decline together, simply because the nurse was deprived of air and exercise, imprisoned at home, and left to pine after her own perhaps sickly child deserted to the mercy of strangers. It is far better to allow the nurse to visit her own infant, by a long walk every day, and even, if circumstances are favorable, to impart to it a portion of her superfluous milk, rather than to create a sickly mother and two starved children by an injudicious and coercive vigilance. A little proper indulgence to the maternal instincts of the nurse will, in a short time, reconcile her to her new home and to her adopted charge.

Many salutary directions are given in regard to the weaning, the diet, and the education, moral and physical, of young children. We dissent, however, from one part of the system, which allows the habitual use of wine, even in the smallest quantities, to healthy children. In our observation, it seldom fails to engender an irritable and inflammatory state of the system, aggravating the character of the attacks of acute disease to which childhood is liable. The translator has wisely appended to this part a qualifying note.

B.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

FEB. 28th.—*Membranous Croup; Tracheotomy; Expulsion of Membrane; Death.* Case reported by Dr. GAY.

Saw William —, æt. 3 years 11 months, in consultation with Dr. Gould, at 8½, A.M., January 21st, 1859.

The patient then had every symptom of confirmed membranous croup, in an advanced asphyxiated stage, and apparently moribund. It was immediately decided to perform tracheotomy, and as the general sensibility was in no measure blunted, a small quantity of ether was inhaled, and the operation was done at 9, A.M., with the assistance of Drs. Lewis and Gould. The moment the trachea was opened and the air freely admitted into it, a very sensible change in the patient was observed. After a faint inspiration and nearly noiseless expiration, a fuller, stronger and longer inspiration followed, attended with the usual coughing. The coughing increased, and four or five long pieces of flat membrane were expelled through the opening of the tube, or removed by the forceps or sponge. In a short time the coughing subsided, and the respiration became easy and quiet. The pulse became stronger, 120. The color of the lips and cheeks, and the general temperature of the body, were more natural. About two thirds of a teaspoonful of a thirty-grain solution of nitrate of silver was then syringed into the trachea through the tube. There was an instantaneous coughing and expulsion of membrane and much tenacious mucus through the tube. Some of the membrane was tubular. A great relief to the patient was soon apparent. Directions were then carefully given about the treatment, and particularly with regard to the atmosphere of the room, the temperature, the cleaning of the tube and the injection into the trachea.

Saw the patient again about 11, A.M. He was comparatively very comfortable. The breathing was easy and with but little difficulty. There had been more or less coughing and expulsion of membrane. The mother, who was very poor, had followed some of the directions as well as she could under the circumstances. In the same room was another sick child, requiring occasional attention, and a restless, crying infant. Besides these children, there was a deaf, partially sick sister, who was more of a hindrance than help to her. The mother was afraid to try the injection. I showed her again the manner of doing it. The tube had been cleaned every hour, and was found much obstructed each time.

Saw the patient again at 5, P.M., and found him pretty comfortable. The respiration was easy, not rapid nor noisy. The pulse was 110, and of fair strength. Had some thirst and some difficulty in swallowing. The cough was not very frequent. Membrane and firm mucus continued to be expelled. The injection of a twenty-grain solution of nitrate of silver was again employed, and many strips of membrane were expelled through the tube.

At 11, P.M., he was sleeping very quietly, and had been so upward of an hour. Waited for him to wake up, then used the injection, which was followed by great relief. On leaving the room, I tried to

impress upon the mother the necessity of again using the injection at 4, A.M., on the next day.

Saturday, Jan. 22d, 9, A.M.—On going into the room, three or four persons were seen standing around the bed. The mother came toward me crying, and said her child was dying. On my asking how he had passed the night, she said he was very comfortable indeed until four or five o'clock, when the breathing was difficult and labored. She did not remove the tube till six o'clock, when it was found almost blocked up. After it was cleaned, the mother attempted to replace it, but the child would not permit it. She accordingly left it out. She had not used the injection. The child was now in a very desperate condition, tossing about and struggling for breath. There was also a cold moisture on the face and chest. Some hot wine and water was given, and then the injection was tried. It produced scarcely any irritation or coughing. An unfavorable prognosis was now very manifest.

12, M.—The child is failing. The injection was used, but it produced no effect whatever. The pulse is very rapid and feeble.

2, P.M.—Failing. No cough for more than two hours.

He continued growing weaker, and at 5, P.M., he died very easily.

We cannot but think that the death in this case was very materially hastened by the inattention, neglectful or otherwise, to the cleaning of the tube and the use of the injection. Perhaps the same result would have occurred under any circumstances, even though there had been a constant and responsible attendant, and one who would have carried out all the necessary details of the directions. Still, it will be allowed that, under the circumstances, he had by no means a fair chance, and it may be a question whether or not it is prudent and advisable to do the operation where the proper after-treatment cannot be faithfully and effectually pursued. Such cases increase the number of the deaths, and, statistically, may bring the operation into undeserved discredit. Tracheotomy is a primary and very prominent element for a successful issue in these cases, but it is by no means the only one. Any one, at all familiar with the progress of these cases after tracheotomy, even when terminating successfully, is fully aware of the urgent necessity of attention to the details of treatment, and of the suddenness and rapidity with which the calibre of the tube may be diminished and obstructed by membrane and tenacious mucus. If these obstructions are not removed, asphyxia and death may supervene quickly.

MARCH 28th.—*Chronic Laryngitis; Tracheotomy.*—Case reported by Dr. CABOT.

The patient, M. A. P., aged 20, married, came as medical out patient Dec. 20th, 1858. There was at that time loss of voice, hoarse cough, general redness of the fauces. On the 31st, there was great dyspnoea; hard, stridulous breathing; dry cough; spasm of glottis, increased by efforts to speak. The symptoms increased in severity till her entrance into the Hospital, Jan. 24th, 1859. She had slept none since the 18th, respiration being with great difficulty carried on by the voluntary muscles. Pulse 140; color dusky; severe cough, raising mucus mixed with pus. Tracheotomy was performed, and gave immediate relief. An opening was made below the cricoid, and a double tube introduced, with an opening on the upper side of the outer tube. Next day she was quite comfortable. Expectoration and breathing freer.

On the 27th, the patient had some appetite, and had slept well under the influence of ten grains of Dover's powder. The cough was less troublesome.

Feb. 1st.—There was marked improvement; the patient had slept well. Pulse 104. Sat up several hours. The inflammation and soreness of the wound had disappeared.

5th.—On examination with the finger, Dr. Cabot found the epiglottis thickened. A solution of tannin, in the proportion of a scruple to the ounce, was ordered to be applied on the probang three times a day.

10th.—On withdrawing the inner tube, and closing the outer tube with the finger, the patient was able to speak considerably above a whisper. A cork was kept in the tube an hour at a time, and she breathed quite easily.

15th.—Granulations protruded through the fenestrum in the tube, which is consequently set lower down.

17th.—Fenestrum was again altered, and she could speak loud enough to be understood across the ward. The cough had disappeared. Appetite and general health good.

22d.—On examination, the epiglottis seemed almost normal in thickness and quite healthy.

26th.—The tube was removed. Patient breathing and speaking easily when the opening is closed. The cork was kept in the tube 48 hours continuously without difficulty.

27th.—The opening had entirely healed. No trouble whatever experienced, except after exercise, when she has slight dyspnoea.

March 13th.—Well. No dyspnoea; voice better, but still husky.

Bibliographical Notices.

The History of Prostitution; its Extent, Causes, and Effects throughout the world. Being an official Report to the Board of Alms-House Governors of the City of New York, by WILLIAM W. SANGER, M.D. New York: Harper & Brothers. 1858.

OUR tardy notice of Dr. Sanger's work cannot enhance its success, for the book is a success *per se*. From the advantages enjoyed by the author in his official capacity, as resident physician at Blackwell's Island, New York City, we had a right to expect much in regard to his delineations of the extent of vice in the City and County of New York. But the Doctor has done more. After having stated, in his able introduction, the reasons for writing this work; that propriety, expediency, public safety, private interest and common sense demand an investigation of this delicate subject; that it is the duty of every layman as well as every physician, public man and philanthropist, to advance boldly to the examination of the sources of this evil, which raises its trembling hands, exhibits its tottering frame, and lifts its puny voice every where; and having finally ably vindicated himself from the charge, that a subject, which is the world's scorn, had better be left to take care of itself, the author lays open to us the secret history of crime of the various nations of the globe, from the earliest period down to the present.

To accomplish this, much patient research was required. Egypt, Syria, Asia Minor, Greece, Rome, France, Italy, Spain and Portugal,

Algeria, Belgium, Hamburg, Prussia, Denmark, Russia, Sweden and Norway, Great Britain, Mexico, Central and South America, and lastly, and not the least, the United States—turn whither you please—each and every people on the inhabited globe furnishes more or less sufficient facts and evidence, to make up the long catalogue of human depravity and wickedness.

Arguments are unnecessary to prove the existence of prostitution. The existing and recorded facts are too palpable to need defence. None of our neighbors can shroud themselves in their innocence, but nevertheless, a great difference does exist among the various nations, owing to various causes, no doubt; but it is no small compliment paid to the Swiss nation in this book, to be able to say that the inhabitants of the little Republic stand foremost in moral rectitude, whilst our great Republic almost closes the mournful procession with an access of numbers, brought to the great army of wrong-doers.

But comparisons do not remedy the evil. If history and experience prove—and it is proved in the book before us by actual experiments which have been made—that prostitution cannot be suppressed, the question arises whether civilized communities cannot regulate the evil, and direct it into channels where it can be encountered, arrested and weakened. This experiment has been tried in Paris, Berlin, Hamburg and Leipsig. It has proved eminently successful. The system of registration and surveillance of prostitutes and brothel-keepers in Paris and Hamburg particularly, are models of their kind; and no one will deny the great decrease of syphilitic disease in those cities, as a necessary consequence. The book before us has been written to urge upon the public the necessity of inaugurating a similar system in New York, where the evil is on the increase every year! Something needs, indeed, to be done! Look at the comparative figures. New York, with a population of 700,000, has, according to the lowest estimate, from 6,000 to 7,860 prostitutes, whilst Paris, with a population of 1,650,000, has only 4,500 or thereabouts, according to the latest returns: Berlin, with 380,000 inhabitants, has about 1,200; Hamburg, with 180,000 inhabitants, has from 512 to 600; and London, with her 2,500,000 souls, some 8,600 prostitutes if not more. New York, then, in proportion to her population, has a greater ratio of these unfortunate women than any other city. Nor are other cities in the Union free from this state of things.

From prostitution emanates the plague of syphilis. The actual extent and increase of venereal disease is another illustration of the progress of the evil. We quote from Dr. Sanger's report to the Governors of the Alms-House. The number of these cases at the Hospital on Blackwell's Island, was, in 1854, 1,541; in 1855, 1,579; in 1856, 1,639; and in 1857, 2,090.

Dr. Sanger remarks, in relation to the above figures:—"This steady increase, $21\frac{3}{4}$ per cent. in one year, and $14\frac{4}{5}$ per cent. in the next, or $35\frac{7}{10}$ per cent. within two years, may be considered an incontrovertible proof of the progress of this malady in the city of New York. The fact that the people regard the Penitentiary Hospital as a dernier resort, an institution to which nothing but the direst necessity will compel them to apply, justifies the conclusion that the cases treated are but a fraction of the disease existing, and its increase here may be taken as a sure indication of a corresponding or larger increase among the general population."—P. 587.

But the Penitentiary Hospital on Blackwell's Island is not the only public institution in New York where venereal cases are treated. We copy here the table of the cases treated at the different institutions during 1857, from Dr. Sanger's work, page 593.

Institutions.		Cases.
Penitentiary Hospital, Blackwell's Island,	- - - - -	2060
Almshouse, " "	- - - - -	52
Workhouse, " "	- - - - -	56
Penitentiary, " "	- - - - -	430
Bellevue Hospital, New York,	- - - - -	768
Nursery Hospital, Randall's Island,	- - - - -	734
N. Y. State Emigrant's Hospital, Ward's Island,	- - - - -	559
New York Hospital, Broadway,	- - - - -	405
" " Dispensary, Centre Street,	- - - - -	1580
Northern " Waverly Place,	- - - - -	327
Eastern " Ludlow Street,	- - - - -	630
Demilt " Second Avenue,	- - - - -	803
Northwestern " Eighth " "	- - - - -	344
Medical College,	- - - - -	207
King's County Hospital, Flatbush, L. I.	- - - - -	311
Brooklyn City Hospital, Brooklyn, L. I.	- - - - -	186
Seamen's Retreat, Staten Island,	- - - - -	365
Total - - - - -	- - - - -	9847

Dr. Sanger continues: "It is, however, reasonable to suppose, that the cases recorded are but two thirds of the aggregate; the numbers would therefore more correctly stand thus:

Cases recorded in public institutions,	- - - - -	9847
Cases not recorded,	- - - - -	4923
Total - - - - -	- - - - -	14,770

cases in the year 1857 in public institutions." (Page 594.) Add to this the cases treated in private practice. It is difficult to form a correct estimate of these. But if, according to Dr. Sanger, it be assumed that the private cases of venereal disease equal in number those treated in public institutions, an aggregate is obtained of more than 29,500 cases every year. If the former are double the number of the latter, the sum will be over 44,000 cases per annum. Either of these conjectures is below the truth, and we are satisfied, from professional experience and inquiry, that there is no exaggeration in estimating the number of patients treated privately every year for lues venerea as at least quadruple the cases receiving assistance in hospitals and charitable establishments. *The result is the enormous sum of seventy-four thousand cases every year.*" (Page 596.)

Dr. Sanger devotes considerable space to the amount of expenses incurred, through prostitution, by private individuals, public and private charitable institutions of all kinds in the city and County of New York. The footings of the several columns show the total expenses to be, weekly, \$145,467; yearly, \$7,036,075; or *seven millions of dollars!* or nearly as much as the annual municipal expenditure of New York city. This enormous sum, brought as a sacrifice to vice and crime, speaks for itself. The chapters referring to prostitution in New York will well repay a perusal.

And now for the remedy. Dr. Sanger urges strongly, and justly, too, the establishment of medical and police surveillance over prosti-

tutes and brothel-keepers, on the plan adopted in Paris and Hamburg, the separation of hospital arrangements from punitive institutions, medical visitation, and power to place diseased women under treatment and detain them until cured. Thus, if the evil cannot altogether be eradicated, the violence of its current can at least be diminished.

We hope that ere long these proposed reform measure of Dr. Sanger will be adopted in the city of New York, and no doubt other cities in the Union will soon follow the same good example, for there is great room for improvement in most, if not all of them.

Concluding these hasty remarks, we recommend to all medical men, and to philanthropists, to read this book; and we can do this so much the more heartily, since we have discovered nothing in its pages which could offend the most fastidious taste or encourage the most prurient curiosity. R.

Trials of a Public Benefactor, as illustrated in the Discovery of Etherization. By NATHAN P. RICE, M.D. New York: Pudney & Russell. 1859. 8vo. Pp. 460.

WHETHER the question, who was the discoverer of anæsthesia, will be settled in the present generation, to the satisfaction of the public, may well be doubted. Another generation must, perhaps, pass away, before all can be united in according to one of the two prominent claimants the honor of this inestimable gift to mankind, second only to that of vaccination. The work before us is written to advocate the claims of Dr. MORTON. It comprises, within 460 pages, a history of the discovery, and of the efforts of Dr. Morton to obtain from the world a recognition of his right to be considered as the sole author of the discovery.

We do not propose to open our pages to the discussion of a subject which has been brought so often before the profession and the public. We have our own opinions on the merits of the controversy, but we do not conceive that the promulgation of them at the present time would be of interest to our readers, or of benefit to the one whom we consider to be the rightful claimant. We will only say that Dr. Rice's arguments appear to be forcible, and to be supported by adequate evidence; but of their value, the reader must judge.

To all who are interested in the subject of the great blessing of anæsthesia, we heartily recommend the work. It will be read with all the interest of a romance. Whichever side the reader may espouse, he will hardly pause till he has read the book through. We are sure it will find readers enough.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 28, 1859.

SANITARY CONVENTIONS.—DR. H. G. CLARK'S REPORT ON THE INTERNAL HYGIENE OF CITIES.

SANITARY Conventions, when they attain the ends for which they are called, must ever prove blessings to the community; and it is greatly to be desired that in these and all cognate assemblies, the brief time allotted to the consideration of the important topics which come be-

fore them should be scrupulously thus devoted. At the meetings of the National Medical Association, and of our State Society, too much time is often consumed in debating points of order, or in getting up, and subsequently adjusting, professional or even personal disputes. "The man who is great on the by-laws" is, moreover, always present on such occasions; and individuals who would else never be heard of, seize the opportunity to shine in the particular department in which alone they are gifted. Time—and especially such time as physicians take with no little difficulty from their engrossing avocations—for medical deliberation—is far too precious to be thus wasted.

It is a noteworthy fact that attention has only within a year or two been called to the subject of PUBLIC HYGIENE, with that particularity which the vital interests connected with it continually demand. We have lying upon our table, at this moment, the "Minutes of the Proceedings of the Quarantine Convention," holden at Philadelphia in 1857, and also a similar record of the "Quarantine and Sanitary Convention" which was held at Baltimore, April 29, 1858. These important meetings we have previously alluded to in our pages; but we are happy to have the opportunity again to bring forward the general subject, and especially to notice one of the results of the last named meeting.

By a resolution offered at the session of April 30, 1858, "the Sanitary Committee, or Committee on Internal Hygiene," was instructed to prepare and report to the next meeting of the Convention "some detailed and specific plan for regulating the internal sanitary condition or hygiene of cities, which shall embrace all the subjects which may properly come within the province of preventive medicine."

The above duty was assigned to Dr. Henry G. Clark, our City Physician, who has drafted "A Sanitary Code for Cities," which is to be presented as his Report, in accordance with the resolution previously cited.

We are favored with a copy of this most complete and minute document. It is printed in admirable and tasteful style, by Messrs. Rand & Avery, Printers to the City of Boston; and it is not only creditable in every respect externally, but will enhance the already established reputation of Dr. Clark as a hygeist, a physician, and an author. The Code, if adopted—as we cannot doubt it will be—will be a most efficient and valuable instrument. We will advert to a few of the more prominent points in its provisions, regretting that we must pass over very many others of exceeding interest, for lack of space to present them.

By the Table of Contents attached to the "Code," it may readily be judged that the closest scrutiny and care have been exercised in deliberating upon the subject. Thus we have, to begin with, a Public Health Act; then, in succession, the following subjects are codified, under the title, SANITARY CODE FOR CITIES:—Sanitary Survey; Sewerage; Cleansing; Slaughter Houses; Markets; Dram Shops and Drinking Houses; Lodging Houses; Cellars; New Streets and Houses; Supply of Water; Ventilation; Pleasure Grounds; Epidemic and Contagious Diseases; Vaccination; Interment of the Dead; General Provisions. An Appendix follows, in which is presented a form for the Report of a Health Officer or Inspector.

The body of the Report is comprised within twenty-three pages, quarto. The Ordinance is intended to be "cited for all purposes, as 'The Sanitary Code' for Cities."

Under the heading "Sanitary Survey," wise provision is made for an annual, thorough examination of towns or districts; and a like inspection is ordered whenever the Registrar reports the number of deaths, annually, as over twenty-five to each one thousand inhabitants.

All nuisances discovered are to be indicated by summary notice to remove the same, to those residing upon the premises; in failure whereof, the Medical Health Officer will instantly discharge the duty himself, the neglectful residents being made liable for expenses incurred in said removal.

A clause provides for a sewerage map—should the Board of Health deem it desirable—and tax-payers are to have an opportunity of inspecting the same. The sewers are to be wholly under the control of the Board of Health; and, on page 11th, we find an elaborate provision for the proper and efficient drainage of dwellings.

Farther on, we are glad to remark the care which is taken to refer to the over-crowding of tenements; and excellent restrictions are imposed upon this and several kindred sources of disease. This is a subject upon which a faithful City Physician must be not only at home, but also exceedingly alive to its great importance; and in this view, such a Health Officer is eminently qualified to draw up a document of the sort we are now examining.

We come next to a very essential appurtenance of the body politic—viz., the grand caterers to the body physical—the markets. And here we observe, with satisfaction, that Dr. Clark has entered into the joints and marrow of the matter before him. Visits by the Health Inspectors *ad libitum*, "at all reasonable times," are stipulated for; also examinations of articles of provision exposed for sale; and—the crowning merit of the clause—an injunction for the seizure and destruction of whatever articles are adjudged to be unfit for food.

Amongst many capital recommendations, in this particular connection, which we cannot specify, we are delighted to observe the following, which we quote at length, and to which we give our most unqualified commendation:—

"XXXII. No person shall sell any adulterated or unwholesome food or drink; and if, upon being notified by the Board to discontinue such practice, he shall neglect or refuse to obey such order, he may be ejected from the precincts of the market, and such articles of food or drink may be seized and destroyed.

"XXXIII. If any person shall falsify any milk, by adulteration with water or otherwise, or by the abstraction of its cream or any other substance originally belonging to it; or, if any person having reason to believe it to be so falsified, shall sell the same or cause it to be sold; he shall be liable to have it seized and destroyed, and to fine and imprisonment, and to have placards, stating his offence and the sentence imposed, posted up at his place of business or elsewhere as the Board may determine. This shall also apply to milk from diseased cows.

"XXXIV. All bread shall be sold by weight. And if, on examination by the proper officer, any of the loaves are found to fall short of the weight required by the Board, the whole may be seized and distributed to the poor."

These provisions are admirable; and we rejoice to see that the spirit is at least born into our republican atmosphere, which has long lived, flourished, and meted out justice among the people of older countries. It is one thing, among many, which certain of the much-decried monarchies of the Eastern world may pride themselves upon, and which we may well imitate, albeit tardily.

The proviso of selling *bread* by weight, reminds us of another article of food, about which we have held, for a long time, similar ideas,

and cherished strong wishes; viz., eggs! It is notorious that these delicious edibles vary to a very great extent in size; and consequently when we buy them by the dozen, we get cheated when they are smaller, and the dealer suffers when they are larger, than the ordinary size. Why not sell them by weight? We ask this, notwithstanding that we lately found, on opening our boiled egg at breakfast, two yolks in one shell—a thing never impossible, but passing infrequent—would it did happen oftener!

We have barely space to add our impressions upon Dr. Clark's recommendations in respect to the "supply of water" in cities. And first, the mention of the use of this precious—and, alas! too frequently wasted—element for public baths and wash-houses, strikes us very favorably. The health of the people, in cities particularly, would be greatly benefited thereby, and, under proper restrictions, the advantages of bathing could thus be afforded at a moderate charge, and without taking too largely from the supply needed for other purposes.

Secondly, the penalty-clause, respecting fouling or wilfully wasting water, is an exceedingly proper one, and deserves full enforcement.

Ventilation is duly considered, and Dr. Clark has had a large experience in this department.

We observe, with pleasure, a proviso relative to the securing, and maintaining in order, public grounds for the recreation of the people; and we trust that our own city will hold her position firmly in these respects. Let us have *municipal lungs*, and let them be kept in good order! We shall all be gainers by it.

We must pass over the other subjects which we enumerated at the beginning of this article in connection with those we have already so cursorily noticed. In taking leave, for the present, of this Report of a proposed Sanitary Code, we would again express the gratification we have felt in its perusal, and our sincere hope that it may be adopted, throughout, and become a municipal ordinance; and if possible, never be subjected to repeal in any of its excellent provisions.

THE AMERICAN OPERATION FOR VESICO-VAGINAL FISTULA.

THE *Gazette des Hopitaux*, for January 4th and 6th, contains a clinical lecture on "the operation for vesico-vaginal fistula according to the American method," delivered at the Hotel Dieu, by M. ROBERT, in which full justice is done to Dr. Hayward, Dr. Sims and Dr. Bozeman. At the request of M. Robert, Dr. Bozeman operated successfully on a very difficult case in the Hospital, and the different steps of the operation are detailed by the lecturer, who was greatly pleased with the skill of the operator, and with the success which crowned his efforts.

The lecture is quite interesting and instructive, but would not call for particular notice from us, were it not for several errors which M. Robert has been led into. In the first place, he locates Montgomery, the capital of Alabama, in Utah Territory, if we may judge from the expression, "M. Bozeman, de Montgomery (Mormons)," which would certainly seem to imply that Dr. B. had his residence among the Mormons, if he did not belong to that sect. We should be surprised that the surgeon of Hotel Dieu could have made such a mistake, did we not know what a *terra ignota* is America to most Europeans.

M. Robert ascribes the prevalence of vesico-vaginal fistula in England and America to the position in which women are placed in those countries, during labor. According to him, they are delivered *sitting*

in a chair! Where M. Robert imbibed this idea we cannot imagine but it furnishes an instance of reasoning from false premises, which is not unfrequent among French medical writers. "They are placed," he says, "in an arm-chair: the pelvis is *thus* in a dependent position, and the foetal head presses strongly against the walls of the vagina; hence the frequency of fistulae!" We very much doubt whether vesico-vaginal fistula be more common in England and America than it is in France. The real cause of the accident, in the immense majority of cases, is neglect of the proper use of the catheter during labor.

Dr. Hayward's name is written Heyward, and Dr. Sims's is written Symes, throughout the article, but these are probably blunders of the reporter.

We learn that M. Groux (the subject of congenital fissure of the sternum) will be in Louisville, at the meeting of the American Medical Association, on the 4th of May.

HIRSCHFELDT, the Chef de Clinique de l'Hotel Dieu, and great writer on the nervous system, has lately been appointed Professor of Anatomy in the Imperial Academy of Warsaw. The appointment is a deserved one, and is remarkable from the fact that it is the first instance of a Jew being allowed to hold office in Russia. The position was first offered to him on condition of his becoming connected with the Greek Church, which he refused, but on unanimous recommendation of the University, the condition was waived.—*Med. & Surg. Reporter*.

Health of the City.—The mortality for the past week is quite large compared with the preceding one, and presents several features of interest. The proportion of males to females is unusually large—51 to 33, though of the 24 deaths by consumption, 15 were of females. We notice 6 deaths from pneumonia; 4 of these were of male infants, the remaining two were of adult females. There were 5 deaths from cancer—1 of the lungs, 1 of the knee-joint, and 1 of the intestines (males); 1 of the throat and 1 of the stomach (females). Three deaths are recorded from bronchitis, and 3 from scarlatina. There were 4 deaths from apoplexy, and 1 from smallpox, of a male, aged 23. The total number of deaths for the corresponding week of 1858 was 65, of which 9 were from consumption, 4 from bronchitis, and 3 from scarlatina.

Communications Received.—Anomalous Disease of the Lip.—Is Scarlatina Contagious?—Fistulae in the Perineum.—Official Notice of the Next Convention for Revising the Pharmacopoeia.

Books and Pamphlets Received.—A Practical Treatise on the Diseases of Infancy and Childhood, by T. H. Tanner, M.D., &c. (From the Publishers.)

MARRIED.—In this city, 26th inst., John P. Reynolds, M.D., to Miss J. M. Bevere, daughter of J. W. Bevere, Esq.—In New York, 14th inst., Dr. Geo. L. Underwood, of Boston, to Miss Kate L. Leyster, of Rossville, Staten Island.

DIED.—In this city, 18th inst., William Sawyer, Esq., M.D., 69, the oldest graduate of Harvard College, and formerly a medical practitioner in Newburyport.—At Worcester, 16th inst., Dr. Geo. B. Page, 29, late of Chicago, Ill.

Deaths in Boston for the week ending Saturday noon, April 23d, 54. Males, 51—Females, 33.—Accident, 2—apoplexy, 4—Inflammation of the bowels, 1—bronchitis, 3—cancer, 6—consumption, 24—convulsions, 2—cholera infantum, 3—croup, 1—dropsy, 2—dropsy in the head, 3—debility, 2—infantile diseases, 2—scarlet fever, 3—typhoid fever, 2—disease of the heart, 3—Inflammation, 1—Intemperance, 2—disease of the kidneys, 1—Inflammation of the lungs, 6—disease of the liver, 2—marasmus, 4—old age, 3—palsy, 2—smallpox, 1—suffocation, 1—teething, 1.

Under 5 years, 27—between 5 and 20 years, 7—between 20 and 40 years, 26—between 40 and 60 years, 18—above 60 years, 8. Born in the United States, 55—Ireland, 23—other places, 7.